Goals and Challenges for Hospital Stay - Define our Primary Goal

Shorten length of stay versus Decrease treatment rate

Sources of variation in treatment rate and length of stay for infants with NAS

- Mother’s opiate exposure
- Feeding choice
- Rooming-in
- Treatment choice
- Genetic make-up

“Withdrawal from opioids or sedative-hypnotic drugs may be life-threatening, but ultimately, drug withdrawal is a self-limited process. Unnecessary pharmacologic treatment will prolong drug exposure and the duration of hospitalization to the possible detriment of maternal-infant bonding. The only clear benefit of pharmacologic treatment is the short-term amelioration of clinical signs.”


Neonatal Abstinence Syndrome
Rethinking Our Approach

Mark S Brown MD MSPH
October 15, 2016
Maine AAP Fall Conference
Engaging the Families During Inpatient Stay

What are the main challenges to families?
- Medical environment and model – not prepared for observation period or medical treatment
- Provider inconsistency – lack of trust
- Competing demands – families, children, medication appointments, transportation, housing, dysfunctional relationships
- Treatment means a 3 to 4 weeks length of stay
- Parents are challenged by competing family obligations, appointments, judgment
- Leaves baby unattended by parent for periods of time each day
- Babies can have attachment and state disorders that are confused with withdrawal signs prolonging treatment

Goals and Challenges for Hospital Stay - Define our Primary Goal
- Decreasing length of hospital stay during treatment unfortunately forces us to find the edge of tolerable withdrawal as we decrease doses.
- This reinforces poor state control in these high-risk infants.
- Can’t be good for the developing brain
- Moves us toward using 2nd drugs since we use these as a crutch to support inpatient weaning

SO, LET'S TALK ABOUT SCORING SOME MORE
NAS Scoring to Evaluate Signals for Treatment

• Baby born to a mother on methadone maintenance (65 mg daily)
• Observed for 6 days without treatment

NAS Scoring to Evaluate Signals for Treatment

• Baby born to a mother on methadone maintenance (33 mg daily)
• Observed for 6 days without treatment

NAS Scoring to Evaluate Signals for Treatment

• Baby exposed to Subutex, observed for 5 days
• Mother exclusively breast-feeding

NAS Scoring to Evaluate Signals for Treatment

• Consider Finnegan Scoring as a tool
• Understand the elements of the tool
• Use it as a signal and consider adapting a more functional scoring approach
What signs of withdrawal do we really care about?

Define our Primary Goal

- Can the baby eat?
- Is there significant vomiting, poor coordination of suck, diarrhea?
- Can the baby sleep?
- Can the baby be consoled?

Goals and Challenges for Hospital Stay

- Focus on non-pharmacologic care – Hugs not Drugs
  - Enlist parents
  - These infants have a disorder of their pain system and an inability to have normal state control
  - Anticipate and treat any discomfort – hunger, diaper rash, GERD
  - Minimize challenges to their inability to cope with state control – e.g., Feed first then change diaper

What are parents worried about?

- That they will be judged – “methadone mother”
  - By Providers
  - By their own family
- Lack of understanding by those in charge of services they need
  - WIC
  - Shelters
  - Transportation often based on NTP and are not available to EMMC
  - Barriers to frequent hospital visitations
- Babies will be stigmatized – “methadone baby”
- Birth defects during pregnancy
- Is my baby going to be normal?
- Terrified of losing baby to DHHS even though they have done the “right things”
- Knowing how to do the NAS scoring “right”
- Feeling that they can never do enough according to some nursing staff
What works well for parents?

- Prenatal groups at replacement Centers
- Participation in research about infant development
- Public Health Nursing in the home
- Advanced notice of DHHS involvement
- Maine Families
- Gas cards, taxi vouchers, housing
- Some providers are very respectful – being listened to and concerns validated

“His nurse was like ‘his muscles are locking up because of his junkie mom’. I didn’t want to visit, I would call before and if that nurse was there, I wouldn’t even go.”

“Post-NAS Syndrome”

- After withdrawal, the pain system has to recover
- The pain and discomfort behaviors need time to remodel
- Environment still needs to be modified
- The emergence of the quiet alert state takes time and needs to be reinforced to support development of state control

“…because we’re gonna leave and he’s gonna cry and they’re gonna leave him crying because they’re gonna be like, ‘you know what? His parents are jerks!’”
The Biggest Lesson Learned?
The Window of the “Learning Moment” for the Mother is the Cornerstone for Attachment and a Stepping Stone in Mother’s Recovery